

EXHIBIT 11



INTRACORP

07/12/2004

JOHN MARSELLA
1118 ROSS CLARK CIR STE 700
DOTHAN, AL 36301-3030

Claimant: JOHNNY SASSER
Claim Payor: RYDER SERVICES
Claim File: AL1-000674-0

Employer: RYDER INTEGRATED LOGISTICS
Intracorp File: TBG7DYWA-0004
Date of Injury: 05/22/1995
Date of Birth: 03/24/1951

This correspondence pertains to the review of the following health care service(s). After peer review of the medical information presented and/or discussion with the medical provider, it has been determined that the medical information provided does not support established standards of medical necessity. This review applies only to the specific service(s) listed below. Any additional service will require a separate review process.

90862 PSYCH PHARMACOLOGIC MGMT
Med nec of TX/proc not subst by doc

7/2/04 Received request for Office visit for Medication Management. 7/12/04 Left voice message of denial for Brenda with Dr. Marsella.
Rationale: The claimant has low back pain. It is worse with riding long periods of time. TPIs were given 1/20/04 and 5/20/04. He is taking Oxycontin and Valium. There is insufficient recent, objective documentation of the claimant's response to the TPIs of 5/20/04 to determine if medications are still needed in support of the request. There is insufficient documentation of failed conservative treatment to support the necessity of the request such as daily compliance with the home exercise program.
Criteria referenced, OTG, ACOEM guidelines.
Reviewed by MVillarreal, MD, EM, G0240 TX

The treating physician may receive a copy of the guidelines used in this review by forwarding a written request to the Intracorp address listed on this letter. To keep all parties informed, Intracorp has notified the medical provider, injured worker, and the workers' compensation payor of our review determination.

If you have additional clinical information, which documents the medical necessity of the service, you may appeal this determination, by submitting a written request providing the additional information. Please send the appeal request and information to the Intracorp address listed on this letter or fax to (800) 233-5507.

INTRACORP
UTILIZATION REVIEW 4100 INTERNATIONAL PKWY STE 1010
CARROLLTON, TX 75007
(800) 382-9163



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SASSER, JOHNNY

If you believe this determination warrants immediate appeal, you may request an expedited appeal by calling Intracorp at (800) 382-9163.

Intracorp Medical Department

CC: RYDER SERVICES
JOHNNY SASSER

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